

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 4 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lawford
Township Norman
City Norman (No. _____) St. _____ Ward _____

Registration District No. 231
Primary Registration District No. 53 N

File No. 23887
Registered No. _____

2. FULL NAME Geo W Burke

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Blake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1883

7. AGE YEARS MONTH DAYS IF LESS than 1 day, _____ hrs. or _____ min.
51 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden Mo

FATHER 13. NAME Geo A Blake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

MOTHER 15. MAIDEN NAME Abbie Madde

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT (ADDRESS) Geo Gorman

18. BURIAL, CREMATION, OR REMOVAL PLACE Near cemetery DATE 7/26 - 1934

19. UNDERTAKER (ADDRESS) L. J. Gorman

20. FILED 8/31 1934 E. W. Githo Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY That I attended deceased from August 5, 1932 to July 24, 1934
I last saw him alive on July 5, 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Decomposition (by pathologist) Date of onset _____

Silicosis

Other contributory causes of importance? Dysenteric hepatitis

Name of operation _____ Date of _____
What test confirmed diagnosis? and physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Heavy Road mowing

(Signed) Geo. W. Gorman, M. D.
(Address) Salmon Mo

